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## **CPT Codes**

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CPT means Current Procedural Terminology. Massage therapists may not use any CPT codes from any area of the American Medical Association (AMA) CPT code manual outside of the physical medicine and rehabilitation pages.

The CPT codes massage therapists can use without question are: 97010 - hot and cold packs; 97124 - massage; and 97140 - manual therapy. In my opinion, any other code is questionable and should be avoided unless the user has certifications that have specified the CPT code that represents the procedure they are training you to use.

Codes 97124 and 97140 should not be used to bill for activities within the same session. Most of us could not distinguish when our therapist transitioned between the techniques used in 97124 to the techniques used in 97140 and vice versa. 97001 and 97002 are for physical therapy evaluation; these codes are for physical therapists and should not be used by massage therapists. Their use implies that the user is a physical therapist. 97112 is not the code for neuromuscular therapy; use 97140 instead.

The codes may change from year to year. If you are going to be a user, you will need a yearly updating service to be sure you are current on the CPT codes available for your use.

### **Distinct Procedural Service**

CPT Code Modifier - 59. The purpose of CPT code modifiers is to clarify the activity and intent of the therapist. An example would be modifier -59. This modifier is used to report Distinct Procedural Service.

The following example will help clarify its proper use:

A client schedules an appointment for therapy of carpal tunnel symptoms in both wrists and hands. The therapist has confirmed with the insurance company that it will pay for their services. An hour session is

scheduled. The work on the right arm and hand turns out to be very slow and detailed, requiring much more time than planned. The session ends with no work having been done on the left arm and hand. An appointment has canceled that same afternoon and the client is willing to return for work on the left side. This would be a new, separate appointment. The work on this arm is completed in an hour with good results.

If the therapist bills 97140 for both appointments with the same ICD code, it will look like double billing. To explain the apparent discrepancy the therapist would code the first session as 97140 and the second session with 97140-59.

Note that the use of the -59 modifier identifies two procedures of similar nature performed on the same individual within a single day or a few days. Using -59 modifier may raise flags with an insurance company and delay payment.

### **Reduced Services**

CPT Code Modifier - 52. CPT modifier -52 is for reduced services. Like -59, it is used to help explain what has taken place with one client. Its purpose is to identify and clarify the activities of the therapist. An example will help make its use clear:

The client receives 25 minutes of myofascial release for a shoulder injury. Since CPT is reported in 15-minute increments, the client has received one full unit of treatment and 10 minutes of a second unit. The second partial unit represents reduced service. Therefore the session would be reported as:

97140 15 minutes of therapy

97140-52 10 minutes of therapy

The fee for the reduced service unit would be reduced also.

This code is being misused to justify differences between the fees for cash clients and insurance clients. That misuse is the result of a misunderstanding regarding the intent and purpose of the modifier. It is used to explain the time differential between two units of therapy, one of which is shorter than the other. In this case: one client, one two-unit session. The -52 modifier has nothing to do with the difference between the costs incurred with a cash client compared to an insurance client.

## **Unusual Procedural Services**

CPT Code Modifier - 22. This code does not apply to any of the CPT codes massage therapists can use. It is intended for use with diagnostic and evaluation CPT codes, or very specific medical procedure codes. It is designed to report when the usual time period for that procedure is extended due to extenuating circumstances. This modifier will require a report to justify the additional time. Like modifiers -59 and -52, its application is to a single client and a single session.

Using modifiers to justify increased fees to insurance companies is a misuse of those codes and damages our relationships with the medical community and insurance companies. The use of CPT modifiers by massage therapists is seldom appropriate or necessary. The vast majority of us would keep to a schedule of full units, in which the use of modifiers would be for very unusual circumstances only.

## **Fees**

Who do you charge the higher fee: A teacher, business executive, factory worker, or sales clerk?

The answer, of course, is that they all should be charged the same fee for the same service. Can you make exceptions? Sure! If I want to give a discount to teachers, I can. All fees charged need to be in a published list available to all clients. If all clients are to be treated the same, what about insurance clients? There are additional expenses involved in dealing with insurance. Unfortunately, there are no administrative or office codes available to massage therapists which we can use to pass on those costs.

A legitimate manner in which to charge a higher fee for your therapeutic services is to have a fee schedule posted that clearly indicates that therapeutic work is billed at a higher rate due to the increased skill level and attention to business details (paperwork). In that case, both the prescribed and non-prescribed therapeutic work would be billed at the same rate. Non-prescribed/non-therapeutic work could have a lower fee.

The difference between the costs of therapeutic-prescribed massage and non-therapeutic massage should not be 100 percent. We are not physicians. A 20 percent difference would be an acceptable and professional differential. The codes that will more accurately represent our services will be forthcoming; we need to practice restraint and patience for now.

## **An Insurance Company's Response to Coding Abuse**

A major insurance carrier in Colorado has restricted all claims by massage therapists to CPT code 97124 and has set a maximum fee that it will pay. The company did this in response to the use of 95 different CPT codes by Colorado massage therapists, for which the therapists charged fees of up to \$350 per hour.

Those who abused the system have been punished; however, every massage therapist who must work with that company has also been punished. Some of our colleagues abuse the medical payment system for the short-term gain. In the long term, they damage the massage industry and do harm to the majority of massage therapists who do not allow personal gain to interfere with ethical judgment.

I encourage all massage therapists to join a professional association and to lobby the leadership of their association to take action to educate its members about the legal and ethical responsibilities of coding and billing. It is time for the associations to stand up and protect their membership from the abusive billing strategies being taught at seminars all across the U.S.

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